

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 31, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000022265

1. Entity Name
VISUAL ACOUSTICS, L.L.C.



Principal Place of Business
**2227 BISCAYNE BLVD
MIAMI, FL 33137**

Mailing Address
**2227 BISCAYNE BLVD
MIAMI, FL 33137**



05252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
57-1173349

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEWIN, MARC D
2227 BISCAYNE BLVD
MIAMI, FL 33137**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature of registered agent or authorized agent, and if applicable

(NOTE: Registered Agent signature required when consulting)

DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BEAV PRODUCTIONS, INC.
7440 S.W. 54TH CT
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LEWIN, MARC D
2227 BISCAYNE BLVD
MIAMI, FL 33137**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000566414
05/31/06-80002-013 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

Marc Lewin

5-25-06

786 390 6128

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Day

Daytime Phone #